

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CELL-BASED THERAPIES FOR ISCHEMIA
Attorney Docket Number::	CWRU-P01-046
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	18
Total Drawing Sheets::	18
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mary
Middle Name::	J.
Family Name::	Laughlin
City of Residence::	Shaker Heights
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	.
City of mailing address::	Shaker Heights
State or Province of mailing address::	OH

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephen  
Family Name:: Haynesworth  
City of Residence:: Beachwood  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 20962 Halworth Road.  
City of mailing address:: Beachwood  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 44122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Vincent  
Family Name:: Pompili  
City of Residence:: Hudson  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 7621 Berks Way  
City of mailing address:: Hudson  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 44236

#### **Correspondence Information**

Correspondence Customer Number:: 28120

#### **Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/431347	12/05/02

**Assignee Information**

Assignee name:: Case Western Reserve University  
Street of mailing address:: 10900 Euclid Avenue  
City of mailing address:: Cleveland  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 44106-7219